



NAVY OCCUPATION/TRAINING AND AWARDS HISTORY NAVPERS 1070/604 (REV. 11-81) S/N 0106-LF-010-6948

	14. PERSONNEL QUALIFICATION STANDARDS COMP	LETED		
DATE COMPLETED	PCS TITLE/WATCH STATION TITLE	POS/WATCH STATION NO.	OFFICER'S INITIAL	
06AUG92	P-3 OBSERVER/FINAL QUALIFICATION	NET43433-11Q1	MOT CONT.	
17JUL93	P-3A/B/B MOD A/C ELCTRONIC WARFARE QUAL	0501-LP-223-836	MOT W	
· · · · · · · · · · · · · · · · · · ·				
·	. 0-			
· · · · · · · · · · · · · · · · · · ·				
		,		
	, léct les			
			· · ·	
ME (Last. First. Middle) SANCHEZ, ERIC			AND CLASS ISNR (TAR)	

IDENTIFICATION PURPOSES		SAFEGUARD		AIII	ALILIAN	RENDER	FORM VOI		
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY									
1. NAME (Last, First, Middle) SANCHEZ, ERIC TROY	PONENT AND BRANCH 3. SOCIAL SECURITY AND IMPED (b)(6)								
4a. GRADE, RATE OR RANK AW2	PAY GRADE E5	5. DATE OF E	(b)(6)	6. RESERVE O		N TERMINAT	TION DATE		
7a. PLACE OF ENTRY INTO ACTIVE D LOS ANGELES, CA	UTY		(b)(6) (c) CA (l	ENTRY (City ar	nd state, or co	omplete addre	ess if known)		
88. LAST DUTY ASSIGNMENT AND N NAVSTA GUANTANAMO BAY,			b. STATION WHERE TPU PERSUPPDE		ILLE, FL				
9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149						OVERAGE NT: \$400,0	NONE		
11. PRIMARY SPECIALTY (List number,	title and years and m	onths in	12. RECORD OF SER	VICE	YEAR(S)	MONTH(S)	DAY(S)		
specialty. List additional specialty num	bers and titles involvi	ng periods of	8. DATE ENTERED AD	THIS PERIOD	87	AUG	25		
one or more years.) 5351-SPECIAL WARFARE COM	RATANT CDEW	MANI	b. SEPARATION DATE	THIS PERIOD	07	AUG	31		
(SWCC) INTERMEDIATE (3YRS		MAIN	c. NET ACTIVE SERVICE	E THIS PERIOD	20	00	06		
9545-NÁVY LAW ENFORCEME			d. TOTAL PRIOR ACTIV	VE SERVICE	00	00	00		
(9YRS/05MOS).		m procur	e. TOTAL PRIOR INAC	TIVE SERVICE	00	00	00		
AW-7815-TACTICAL HELICOPT AIRCREW SWIMMER	ER SEARCH AN	D RESCUE	f. FOREIGN SERVICE		05	00	00		
(4YRS/01MO).			g. SEA SERVICE		00	10	28		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			h. EFFECTIVE DATE OF		93	JUN	16		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) SEA SERVICE DEPLOYMENT RIBBON; GLOBAL WAR ON TERRORISM SERVICE MEDAL; GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL; NAVY UNIT COMMENDATION; NAVY OVERSEAS SERVICE RIBBON(2); ARMED FORCES RESERVE MEDAL; NATIONAL DEFENSE SERVICE MEDAL; SEE REMARKS. 14. MILITARY EDUCATION (Co. year completed) RECRUIT TRAINING(BM' BASIC BASIC AVIATION COM/NAV/EW,5WKS,AUG SCHOOL,23WKS,JAN88;F					VKS,87OC INING, 2V AV"A" T PJT,6WI	CT;ENLIST WKS,NOV KS,OCT88 [88;NAVA	ED 87;F14 ;F14 L		
15a. MEMBER CONTRIBUTED TO POS	ST-VIETNAM ERA V	/ETERANS' ED	DUCATIONAL ASSIST	ANCE PROGRA	AM	(1-)	(0)		
b. HIGH SCHOOL GRADUATE OR E	QUIVALENT					(D)	(6)		
PAID (b)(6)			LETE DENTAL EXAMI IENT WITHIN 90 DAY				YES I NO (b)(6)		
18. REMARKS SER#43043-07-0577-AAB BLK 13 CONTINUED: ENLISTE UNIT COMMENDATION; MERIT EXPERT PISTOL SHOT MEDAL; BLK 14 CONTINUED: NAVAL A BASUNDDEM/SEAL TRAINING, BASUNDDEM/SWCC,9WKS,AUG EFFECTIVE DATE OF TRANSFE SUBJECT TO ACTIVE DUTY RE The information contained herein is subject	TORIOUS UNIT (; NAVY ACHIEV AIRCREW CAND ,26WKS,OCT97; G01;SERE,2WKS ER TO FLEET RE ,CALL BY THE S	COMMENDA EMENT ME IDATE SCH STU SEP01;NAC SERVE STA ECRETARY	ATION; NAVY "E" DAL; AIRCREW W OOL,5WKS,OCT91 CS,4WKS,FEB03. TUS: 07SEP01. OF THE NAVY. X	RIBBON; EX/INGS. ;AW "A1" SC	PERT RIF	LEMAN N WKS,FEB XXXXXX	MEDAL; 05;STU		
verification purposes and to determine eligi	bility for, and/or contin	nued compliance	with, the requirements	of a Federal benef	it program.	r non-rederal	agency for		
19a. MAILING ADDRESS AFTER SEPA	ARATION (Include Zif	Code)	L NEADECT DELAT	(b)(6))	.d. 710 0 . d. l			
20. MEMBER REQUESTS COPY 6 BE S			RECTOR OF VETERA						
	į		(b)(6)		nrada titla ai	nd cinnatural			
(b)(6)	4	PERSUNNE	L SUPERVISOR, B	TDIR OIC		(b)(6)			
	. 10	NFORMATION	(For use by authorize						
23. TYPE OF SEPARATION TRANSFERRED TO TH	E FLEET RESER	VE	24. CHARACTER OF	SERVICE (Includ					
25, SEPARATION AUTHORITY		7 24	26. SEPARATION CO	DF	(b)(6) 27. REENT	RY CODE			
(b)(6)			0)(6)		(b)(d	6)		
28. NARRATIVE REASON FOR SEPAR (b)(6)	ATION								
29. DATES OF TIME LOST DURING THE (b)(6)	HIS PERIOD (YYYYM	IMDD)			30. MEMB (Initials				

EVALUATION REPORT & COUNSELING RECORD (E1-E6) RCS BUPERS 1610									
1. Name (Last, First MI Suffix) SANCHEZ, ERIC T		2. Rate AW2	3. Desig AW/NA		. SSN (b))(6)			
5. ACT TAR INACT AT/ADSW/ 6. UIC 7. Ship/Station 8. Promotion St REGULAR						Date Reported 6FEB11			
	omotion/ ocking	13. Special	Period of Report 14. From: 06		15. To: 0	7MAR15			
16. Not Observed Type of Report 17. Regular X 18. C	Concurrent	6. j.,	20. Physical Rea (b)(6		21. Billet Subo APPRO	category (if any)			
22. Reporting Senior (I set FI MI) 23. Grade CDR	24. Desig 2 6110	25. Title XO		UIC 2	27. SSN				
28. Command employment and command achievements. Provide support to the operating forces of the U.S. Navy, other services and NATO.: Provide oversight of intelligence and migrant operations conducted for other government agencies. Support JTF GTMO detainee operations for Operation ENDURING FREEDOM.									
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) AIRCREWMAN PRI: UC-12M Transport Aircrewman-12. COLL: NATOPS Petty Officer-10, Naval Station Voting Representative-3, Dept. MWR Committee-6. WATCH: OOD-6.									

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix)
SANCHEZ, ERIC T

2. Rate AW2 3. Desig AW/NAC A CCAT

(b)(6)

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

QUAL:

TAC, EMT-B. EDU:

(b)(6)

(h)(6)

COMM:

MEMBER INFORMATION

SSN: (b)(6) NAME: SANCHEZ, ERIC TROY

(b)(6)

NAVPERS 1070/602 Page: 1 of 3

(b)(6)

(b)(6)

(b)(6)

CCN.

(b)(6)

NAME: SANCHEZ ERIC TROY

(b)(6)

DATE: [129[07

TITLE: PERSUPV

Official NSIPS/ESR form printed this date 29-JAN-2007

NAVPERS 1070/602

MEMBER INFORMATION

SSN: (b)(6) NAME: SANCHEZ, ERIC TROY

(b)(6)

NAVPERS 1070/602 Page: 1 of 3

SSN: (b)(6)

NAME: SANCHEZ, ERIC TROY

(b)(6)

NAVPERS 107. '602

Page: 2 of 3

SSN:	(b)(6)	NAME:	SANCHEZ,	ERIC	TRO?

DATE: ____ TITLE: PERSUPV

Official NSIPS/ESR form printed this date 14-SEP-2006

NAVPERS 107J/602

Servicemembers' Group Life Insurance Election and Certificate Important: This forms for use by Active Duty and Reseave michies. This form does not apply to and cannot be used for any other Government Life form does not apply to any other Government Life form does not apply to any other Government Life form does not apply to any other Government Life form does not apply to any other Government Life form does not apply to any other Government Life form does not apply to any other Government Life form does not apply to any other Government Life form does not apply to any other Government Life form does not apply to any other Government Life form does not apply to any other Government Life form does not apply to any other Government Life form does not apply to any other Government Life form does not apply to any other Government Life form does not apply to any other Government Life form does not apply to any other Government Life form does not any other Life for grade (b) (6) (6) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Servicemembers			fore completing this		Certificate			
Last name First name SANCHEZ, ERIC TROY May Current Duty Location ANY AW2 Current Duty Location ANSTA GUARTANAMO BAY CUBA Amount of Insurance By Isw, you are automatically insured for \$400,000. If you want \$400,000 of insurance, skip to Beneficiary(iss) and Payment Options. If you want fees than \$400,000 of insurance \$400,000. If you want \$400,000 of insurance, skip to below and write the amount desired and your initials. Coverage is available in Increments of \$50,000. If you want \$400,000 of insurance, skip to beneficiary(iss) and Payment Options. If you want fees than \$400,000 of insurance, passes check the appropriate block below and write the amount desired and your initials. Coverage is available in Increments of \$50,000. If you do not want any insurance*, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time." Declining SGLI coverage also cancels all family coverage under the SGLI program. Work: Reduced or refused insurance can only be restored by consideration from service. Senatically the proof of good beath and templication from service. Senatically the proof of good beath and templication from service. Senatically the proof of good beath and templication from service. Senatically the proof of good beath and templication from service. Senatically the proof of good beath and templication from service. Senatically the proof of good beath and templication from service. Senatically the proof of good beath and templication from service. Senatically the proof of good beath and templication from service or the service payment of my insurance process. Turingertain that the principal beneficiary(es) will receive payment of my insurance process. Turingertain that the principal beneficiary of service payment in service. Senatically the proof of good payment of my insurance process. Turingertain that the principal beneficiary of the continuous of the contin	Use this form to: (check all that apply) Name or update your beneficiary Reduce the amount of your insurance coverage Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life								
Search of Service (Do not abbreviate) NaVSTA GUANTANAMO BAY CUBA	Last name First name Midd	lle name	Rank, title or g	grade	_				
By law, you are automatically insured for \$400,000. If you want \$400,000 of insurance, skib to Banifelion/jes) and Payment Options. If you want fees than \$400,000 of insurance, please check the appropriate block below and write the amount deand on your initials. Coverage is available in increments of \$50,000. If you do not want any insurance*, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time." Declining SGLI coverage also cancels all family coverage under the SGLI program. Want coverage in the amount of \$\frac{1}{2} \] (Vifite "1 do not went insurance at this time.") Work: Reduced or extend Insurance can only be restlored by competing them SGLI Casts with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VCLI you can convert to upon separation from service. Work: Reduced or extend Insurance can only be restlored by competing them SGLI Casts with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VCLI you can convert to upon separation from service. Complete Name (first, middle, last) and Address	Branch of Service (Do not abbreviate)	•		Y CUBA	-				
Iwant coverage in the amount of \$	Amount of Insurance By law, you are automatically insured for \$400,000. If you want \$400,000 of insurance, skip to Beneficiary(ies) and Payment Options. If you want less than \$400,000 of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. If you do not want any insurance*, check the appropriate block below and write (in your								
Write 'I do not want Insurance at this time.'	•	_							
Note: Reduced or refused insurance can only be restored by completing form ScLV 285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VCIJ you can convent to upon appearant of my insurance proceeds. I understand that the principal beneficiary(ses) beneficiary (see) is proportionable. The insurance will be paid to the contingent beneficiary(ses) will receive payment upon my death. If all principal beneficiary perment of my insurance proceeds. I understand that the principal beneficiary (see). **Complete Name (first, middle, last) and Address of each beneficiary of each beneficiary of each beneficiary (see). **Principal 1 (b)(6)						·			
Beneficiary(ies) and Payment Options I designate the following beneficiary(ies) be receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiary predecesse me, the insurance will be paid to the contingent beneficiary (ies).	*Note: Reduced or refused insurance can only be re insurance will also affect the amount of VGLI you can	stored by completing for	orm SGLV 8285 wit	th proof of good health	and compliance with other	requirements. Reduced or refused			
upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the confingent beneficiary of each permitted in the paid to the each permitted of the each per		Beneficia	rv(ies) and I	Payment Option	ons that the principal benefi	ciary(ies) will receive payment			
Principal 1 (b)(6) 2. (b)(6) 3. AND NO OTHERS 4. □ Additional Principals on page 5 (check if applicable) Contingent 1 (b)(6) 1 (b)(6) 1 (b)(6) 1 (b)(6) 1 (b)(6) 2 (b)(6) 3 AND NO OTHERS 4. □ Additional Principals on page 5 (check if applicable) The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above. 1 The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above. 1 If have legal questions about this form, I may consult with a military attorney at no expense to me. 1 Cannot have combined 1 In the proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above. 1 If have legal questions about this form, I may consult with a military attorney at no expense to me. 1 Cannot have combined 1 Do not write in space below. For official use only.	upon my death. If all princ	ipal beneficiaries pre	edecease me, the	e insurance will be pa	aid to the contingent ber	eficiary(ies).			
1 (b)(6) 50% LUMP SUM 2. (b)(6) 50% LUMP SUM 3. AND NO OTHERS 4. (b)(6) (b)(6) 100% LUMP SUM Contingent 1 (b)(6) 100% LUMP SUM 2. (b)(6) 100% LUMP SUM 4. (b)(6) 100% LUMP SUM 1 (b)(6) 100% LUMP SUM 1 (b)(6) 100% LUMP SUM 2. (c) 100% LUMP SUM 3. AND NO OTHERS 4. (c) 100% LUMP SUM 2. (d) 100% LUMP SUM 3. (e) 100% LUMP SUM 2. (e) 100% LUMP SUM 3. (e) 100% LUMP SUM 2. (f) 100% LUMP SUM 4. (f) 100% LUMP SUM 4. (f) 100% LUMP SUM 5. (f) 100% LUMP SUM 6. (f) 100% LUMP SUM 6. (f) 100% LUMP SUM 7. (f) 100% LUMP SUM 6. (f) 100% LUMP SUM 7. (f) 100% LUMP SUM 6. (f) 100% LUMP SUM 7. (f) 100% LUMP SUM 6. (f) 100% LUMP SUM 7. (f) 100% LUMP SUM 8. (f) 100% LUMP SUM 9. (f) 100% LUMP SUM 9. (f) 100% LUMP SUM 1. (f) 100% LUMP SUM 9. (f) 100% LUMP SUM 1. (f) 100% LUMP SUM 9. (f) 100% LUMP SUM 1. (f) 100% LUMP SUM 9. (f) 100% LUMP SUM 1. (f) 100% LUMP SUM 9. (f) 100% LUMP SUM 1. (f) 100% LUMP SUM 9. (f) 100% LUMP SUM 1. (f) 100% LUMP SUM 9. (f) 100% LUMP SUM 1. (f) 100% LUMP SUM 9. (f) 100% LUMP SUM 1. (f) 100% LUMP SUM 9. (f) 100% LUM			Number		beneficiary (Use %, \$ amounts or	(Lump sum or 36 equal monthly			
(b)(6) 50% LUMP SUM 2. (b)(6) 50% LUMP SUM 3. AND NO OTHERS 4. Contingent 1 (b)(6) 100% LUMP SUM 2. 3. Additional Contingents on page 5 (check if applicable) 2. 1 (b)(6) 100% LUMP SUM 2. 1 The force cancels any prior beneficiary or payment instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that: This form cancels any prior beneficiary or payment instructions. The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above. If I have legal questions about this form, I may consult with a military attorney at no expense to me. I cannot have combined Do not write in space below. For official use only.	Principal	1 4 1	3 (4 + 3						
3. AND NO OTHERS 4.				(b)(6)	50%	LUMP SUM			
AND NO OTHERS 4. Additional Principals on page 5 (check if applicable) Contingent 1 (b)(6) 100% LUMP SUM 2. 3. 4. Additional Contingents on page 5 (check if applicable) I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that: * This form cancels any prior beneficiary or payment instructions. The proceeds will be paid to beneficiaries as stated in #8 on page 3 of this form, unless otherwise stated above. If I have legal questions about this form, I may consult with a military attorney at no expense to me. I cannot have combined Do not write in space below. For official use only.				(b)(6)	50%	LUMP SUM			
Additional Principals on page 5 (check if applicable) Contingent (b)(6) (b)(6) 100% LUMP SUM Additional Contingents on page 5 (check if applicable) Additional Contingents on page 5 (check if applicable) HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that: This form cancels any prior beneficiary or payment instructions. The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above. If I have legal questions about this form, I may consult with a military attorney at no expense to me. I cannot have combined SIGN HERE IN INK (b)(6) Date: 21/5u/o6	3. AND NO OTHERS								
Contingent 1 (b)(6)	4.								
2. 3. 4. Additional Contingents on page 5 (check if applicable) I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that: This form cancels any prior beneficiary or payment instructions. The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above. If I have legal questions about this form, I may consult with a military attorney at no expense to me. I cannot have combined SIGN HERE IN INK (b)(6) Date: 2/ 5 1/50/66		olicable)							
3. Additional Contingents on page 5 (check if applicable) I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that: This form cancels any prior beneficiary or payment instructions. The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above. If I have legal questions about this form, I may consult with a military attorney at no expense to me. I cannot have combined (b)(6) Date: 21/5u/o6	1		· 2 · * · · · · ·	(b)(6)	Carrier Commission Com	LUMP SUM			
4. □ Additional Contingents on page 5 (check if applicable) □ HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that: • This form cancels any prior beneficiary or payment instructions. • The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above. • If I have legal questions about this form, I may consult with a military attorney at no expense to me. • I cannot have combined • Date: 21/5w/06 Do not write in space below. For official use only.	2.								
Additional Contingents on page 5 (check if applicable) I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that: • This form cancels any prior beneficiary or payment instructions. • The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above. • If I have legal questions about this form, I may consult with a military attorney at no expense to me. • I cannot have combined (b)(6) Date: 2/ 5 w 66	3.			1000000					
I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that: • This form cancels any prior beneficiary or payment instructions. • The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above. • If I have legal questions about this form, I may consult with a military attorney at no expense to me. • I cannot have combined • I cannot have combined (b)(6) Date: 21/50/06	4.								
 This form cancels any prior beneficiary or payment instructions. The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above. If I have legal questions about this form, I may consult with a military attorney at no expense to me. I cannot have combined SIGN HERE IN INK (b)(6) Date: 21/5w/06 Do not write in space below. For official use only.				10 (11:	LALGO LINDERO	TAND the t			
Do not write in space below. For official use only.	 This form cancels any prior beneficiary or payment instructions. The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above. If I have legal questions about this form, I may consult with a military attorney at no expense to me. I cannot have combined a combined								
Do not write in space below. For official use only. RANK, TITLE OR GRADE ORGANIZATION DATE RECEIVED CONTROL ORGANIZATION DATE RECEIVED CONTROL ORGANIZATION DATE RECEIVED	SIGN HERE IN INK >_	SIGN HERE IN INK (b)(6) Date: 21/5u/06							
		RANK, TITLE OR G	RADE ORGA	ANIZATION	DATE RECE	IVED 106			

1616-1 ENLOTED PERFORMANCE EVALUATION AEPORT

1 NAME (LAST, FIRST, MIDDLE OR MIDDLE INITIAL)	2 RATE	3 SSN
SANCHEZ, Eric T	AW3	(b)(6)
BRÂNCH/CLASS 4 USN 5 X USNR 6 X ACTIVI	E 7 INACTIVE 8 TEMAC	9 ACDUTRA
10 MEMBER'S SHIP OR STATION	11 MEMBER'S UIC	12 DATE REPORTED
VP-93	53814	92MAR28
OCCASION FOR REPORT 13 X PERIODIC 14 TRANSFER 15 OTHER	PERIOD OF REPORT 16 FROM 92 MAR 28	17 TO 92JUN30
TYPE OF REPORT 18 X REGULAR 19 CON- CURRENT 20 PHYSICAL READINESS (b)(6)	21 RESERVE PART	22 DATE OF RATE 89MAR19
	RANK 25 TITLE LCDR OPS Officer	(b)(6)

OCR TYPING FONT NOT REQUIRED FOR COMPLETION OF THIS SIDE

50 MEMBER'S LAST NAME, INITIALS SANCHEZ, ErT

(b)(6)

PERIOD OF REPORT 52 From 92MAR28

53 To 92JUN30

54 DUTIES AND RESPONSIBILITIES

PRI: Assigned to the Operations Department. Log and Records Petty Officer-3, Trainee as P-3B Observer and Electronic Warfare Operator (EWO)-3. WATCH: Ramp/Hangar Security Watches-3, and Duty Driver-3.

55 SPECIAL ACHIEVEMENTS

Awarded the National Defense Service Medal (first award).

MEMBER INFORMATION

SSN:	(b)(6)	NAME: SANCHEZ, ERIC TROY	
		(b)(6)	
		(b)(6)	
		(b)(6)	

NAVPERS 1070/602

Page: 1 of 3

(b)(6)

(b)(6)

NAVPERS 1070/602 Page: 2 of 3

(b)(6)

DATE: 7/21106

TITLE: FLOOR SUPERVISOR

Official NSIPS/ESR form printed this date 21-JUL-2006

NAVPERS 1070/602

MEMBER INFORMATION

SSN: (b)(6) NAME: SANCHEZ, ERIC TROY

(b)(6)

(b)(6)

(b)(6)

NAVPERS 1070/602

Page: 1 of 3

(b)(6) NAME: SANCHEZ, ERIC TROY

(b)(6)

(b)(6)

(b)(6)

(b)(6)

NAVPERS 1070/602

Page: 2 of 3

(b)(6)

DATE: 28 500 06 TITLE: FLOOR SUPERVISOR

Official NSIPS/ESR form printed this date 28-JUL-2006

NAVPERS 1070/602

MEMBER INFORMATION

SSN	(b)(6)	NAME: SANCHEZ.	ERIC TR	OY	Ì	
			(b)(6)			
			(b)(6)			
			(b)(6)			

NAVPERS 1070/602

Page: 1 of 3

(b)(6)

(b)(6)

(b)(6)

NAVPERS 1070/602

Page: 2 of 3

SSN:

(b)(6)

NAME: SANCHEZ, ERIC TROY

(b)(6)

DATE: 26-SUN-06

TITLE: FLOOR SUPERVISOR

Official NSIPS/ESR form printed this date 26-JUN-2006

NAVPERS 1070/602

EVALUATION REPORT & COUNSELING RECORD (E1-E6) RCS BUPERS 1610									
1. Name (Last, First MI Suffix) SANCHEZ, ERIC T		2. Rate AW2	3. Desig AW/NA		4. SSN	(b)(6)			
1 1 1 1 1 1 1 265 1	. UIC 7. Ship/Statio NA	on VSTA GUANTANA	AMO	8. Promotion REGUL		9. Date Reported 06FEB11			
Occasion for Report Detachment 10. Periodic X 11. of Individual	Promotion/ 12. Frocking	13. Special	Period of Report 14. From: 06		15. To:	06MAR1-5			
16. Not Observed X Type of Report 17. Regular X	18. Concurrent	. 4		(b)(6)		Subcategory (if any) NA			
22. Reporting Senior (Last. FI MI) (b)(6)	23. Grade 24. Desig CDR 6110	25. Title XO	l l	UIC 50514	27. SSN				
28. Command employment and command achiev Provided support for the c	operating units								
Provided oversight of intelligence and migrant operations conducted for the Federal Government. Supported JTF, GTMO detainee operations ISO Operation ENDURING FREEDOM.									
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) AIRCREWMAN PRI: UC-12M Transport Aircrewman-1. (b)(6) TT: 06JAN14-06FEB10.									

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix)
SANCHEZ, ERIC T

2. Rate
AW2
AW/NAC
4 CSV
(b)(6)

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

MEMBER INFORMATION

		_	
CCM.	(b)(6)	NAME - SANCHEZ ERIC TROY	
		(b)(6)	
		(b)(6)	

NAVPERS 1070/602

Page: 1 of 3

SSN: (b)(6)

NAME: SANCHEZ, ERIC TROY

(b)(6)

NAVPERS 1070/602

Page: 2 of 3

(b)(6)

DATE: 17 MAY 2006

TITLE: ESO SUPV

Official NSIPS/ESR form printed this date 17-MAY-2006

NAVPERS 1070/602

MEMBER INFORMATION

SSN:	(b)(6)	NAME:	SANCHEZ, ERIC	TROY		
			(b)(6)			
			(b)	(6)		
			(b)	(6)		

NAVPERS 1070/602 Page: 1 of 3

SSN:

(b)(6)

NAME: SANCHEZ, ERIC TROY

SSN:

(b)(6)

NAME: SANCHEZ, ERIC TROY

(b)(6)

DATE: 2176806

TITLE: GOLD TEAM SUPERVISOR

Official NSIPS/ESR form printed this date 16-FEB-2006

NAVPERS 1070/602

EVALUATION REPORT & COUNSELING RECORD (E1-E6) RCS BUPERS 1610-1									
1. Name (Last, First MI Suffix) SANCHEZ, ERIC T	2. Rate AW2	3. Desig AW/NAC		4. S	(b)(6)				
5. ACT TAR INACT AT/ADSW/ X 09988 7. Ship/Station	HS-7		. Promotion REGUL		9. Date Reported 03NOV27				
Occasion for Report Detachment 10. Periodic Detachment X Promotion/ 11. of Individual X 12. Frocking 11.	3. Special	Period of Report 14. From: 05M	IAR15	15. To:	050CT05				
16. Not Observed Type of Report 17. Regular X 18. Concurrent		20. Physical Boodiness (b)(6)		21. Billet S	ubcategory (if any) NA				
22. Reporting Grade (b)(6) 23. Grade LCDR 24. Desig 25. To	itle DEPT HEA	26. U 10 0 9	пс 9988	21	(b)(6)				
28. Command employment and command achievements. Conducted USW, CSAR, ASUW, and NSW Training									
USS Harry S. Truman for JTG 05-1, Deployment-1. Deployed in support of Training Squadrons Carrier Qualifications.									
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) AIRCREWMAN PRI: H-60F/H Acoustic Sensor Operator (ASO), Search and Rescue (SAR) Swimmer, Strike/Sea Combat LVL I-7. COLL: Asst. SAR PO-7, Asst. Weapons PO-7, Ground Training PO-3 Watch: ASDO (ashore & afloat)-7.									

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix)
SANCHEZ, ERIC T

2. Rate
AW2
AW/NAC
4 CCN
(b)(6)

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education. awards. community involvement. etc.. during this period.

Enrolled:

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) RCS BUPERS 1610-							
1. Name (Last, First MI Suffix) SANCHEZ, ERIC T	2. Rate AW2	3. Desig AW/N			4. SSN (b)(6)		
5. ACT TAR INACT AT/ADSW/ 6. UIC 7. Ship/Station 0.9988	HS-7		8. Promotion REGUL	4	9. Date Reported 03NOV27		
Occasion for Report Detachment Promotion/ 10. Periodic X 11. of Individual 12. Frocking 1	3. Special	Period of Report 14. From: 04MAR16 15. To: 05MAR15					
16. Not Observed Type of Report 17. Regular X 18. Concurrent		20. Physical Readiness (b)(6)			21. Billet Subcategory (if any) NA		
22. Reporting Senior (Last DI MI) 23. Grade 24. Desig 25. T	itle		6. UIC	27. SSN			
(b)(6) LCDR 1310	DEPT HEAD		09988	(b)(6)			
28. Command employment and command achievements. Conducted USW, CSAR, ASUW & NSW training operations as a component of CVW-3. Embarked USS Harry S Truman for TSTA/COMPTUEX and JTG 05-1 deployment-5. Upkeep/IDRC: (incl dets to ATEC, Bahamas and Fallon, NV)-7. CVW-3 Golden Wrench awd and Ret Excellence awd CY-04.							
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) AIRCREWMAN PRI: H-60F/H Acoustic Sensor Operator (ASO), Search and Rescue (SAR) Swimmer, Strike/Sea Combat LVL I-12. COLL: Communications/Schedules/Logs and Records Yeoman/PO-4, Aircrew Training/PB4T PO-8. Watch: ASDO (ashore & afloat)-12							

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, ERIC T 2. Rate AW2 3. Desig AW/NAC

(b)(6)

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

Qualified: EAWS, Plane Captain. Enrolled:

(b)(6)

(b)(6)

MEMBER INFORMATION (b)(6) NAMF: SANCHEZ.ERIC TROY (b)(6) (b)(6)

(b)(6)

(b)(6)

Page: 1 of 3
NAVPERS 1070/602

SSN:	(b)(6)	NAME: SANCHEZ, ERIC TROY	
		(b)(6)	

NAVPERS 1070/602 Page: 2 of 3

SSN:	(b)(6)	NAME. CANOLING BRIGGE	
	(b)(6)	(b)(6)	(b)(6)
DAME			

DATE: 30 DECOH

TITLE: ADMIN LPO BYDIRCO

EVALUATION REPORT & COUNSELING RECORD (E1-E6)							RCS BUPERS 1610-
1. Name (Last, First MI Suffix)		2. Rate	3. Desig 4		4 SSN		
SANCHEZ, ERIC T			AW2	NZ	AC		(b)(6)
5. ACT TAR INACT AT/ADSW/ 6. U	Station	8. Promotion REGULA			9. Date Reported 27NOV03		
Occasion for Report Detachment	Promotion/			Period of Rep	ort		
10. Periodic X 11. of Individual	12. Frocking	1.	3. Special	14. From: ()30CT03	15. To:	04MAR15
16. Not Observed Type of Report 17. Regular X	18. Concurrent			20. Physical I	Readiness)(6)	1	Subcategory (if any) NA
22. Reporting Senior (Last FLMI) 23.	3. Grade 24. Desi	ig 25. T	itle		26. UIC	27 SSN	
(b)(6)	LCDR 131	LO	DEPT HEA	AD	09988		(b)(6)
28. Command employment and command achievements. Conducted USW, CSAR, ASUW and NSW training as a component of CVW-3.							
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) AIRCREWMAN PRI: H-60F/H Acoustic Sensor Operator (ASO), Search and Rescue (SAR) Swimmer, Level I CSAR/USW/NSW/Aerial Door Gunner-5. COLL: Schedules/Logs and Records LPO, Asst PRT Coordinator-3 WATCH: ASDO-5							

EVALUATION REPORT & COUN		(E1-E6) (cont 'd)	RCS BUPERS 1610-1
1. Name (Last, First MI Suffix) SANCHEZ, ERIC T	2. Rate AW2	3. Desig NAC	(b)(6)
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11112	11110	.,,,
	(b)(6)		

44. QUALIFICA	FIONS/ACHIEVEMENTS - Education awards community involvement etc. during this period	
Received:	(b)(6)	
	(b)(6)	

(b)(6)

1616-1 ENLOTED PERFORMANCE EVALUATION REPORT

1 NAME (LAST, FIRST, MIDDLE OR MIDDLE INITIAL)		2 RATE	3 SSN
SANCHEZ, ERIC T		AW3	(b)(6)
BRANCHICLASS 4 USN 5 X USNR 6		INACTIVE 8 TEMAC	9 ACDUTRA
10 MEMBER'S SHIP OR STATION		11 MEMBER'S UIC	12 DATE REPORTED
NATTC MILLINGTON TN		30459	910CT26
OCCASION FOR REPORT		PFRIOD OF REPORT	
13 PERIODIC 14 X TRANSFER 15 OTHER		16 FROM 910CT27	17 TO 92FEBO5
TYPE OF REPORT 18 X REGULAR 19 CON- CURRENT 20 PHYSICAL READINESS	(b)(6)	21 RESERVE PART	22 DATE OF RATE 92FEB05
23 REPORTING SENIOR'S NAME (LAST AND INITIALS)	24 RANK	25 TITLE	26 0011
(b)(6)	CWO4	DIV OFF	(b)(6)

OCR TYPING FONT NOT REQUIRED FOR COMPLETION OF THIS SIDE

50 MEMBER'S LAST NAME, INITIALS
SANCHEZ, E T
(b)(6)
PERIOD OF REPORT
52 From 910CT27
53 To 92FEB05

ASSIGNED TO THE AW(A1) TRAINING DIVISION AS A STUDENT UNDER INSTRUCTION. MILITARY DUTIES: BARRACKS FIRE AND SECURITY WATCH AND QUARTERDECK WATCH. SENIOR SECTION LEADER.

55 SPECIAL ACHIEVEMENTS

COMPLETED: AW(A1) COURSE (C-210-2010). CLASS STANDING (b)(6) OF (b)(6)

(b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6)							
1. Name (Last, First MI Suffix) SANCHEZ, ERIC T	2. Rate AW2	3. Desig	3. Desig NAC 4. CGN		(b)(6)		
5. ACT TAR INACT AT/ADSW/ X 265	6. UIC 65557	7. Ship/Station	HS-10		8. Promotion REGUI		9. Date Reported 03MAR10
Occasion for Report Detachment 10. Periodic 11. of Individual X	Pron 12. Frod	Promotion/ 12. Frocking 13. Special Period of Report 14. From: 03JAN09			15. To:	030СТ02	
16. Not Observed Type of Report 17. Regular] 18. Cor	ncurrent		20. Physica	l Readiness (b)(6)	1	Subcategory (if any) CUDENT
22. Reporting Senior (Last, FI MI) (b)(6)	23. Grade LCDR	24. Desig 1310	25. Title DEPT HI	EAD	26. UIC 09299	27.	(b)(6)
28. Command employment and command achievements. To indoctrinate and train all pilots and aircrewmen in H-60F/H aircraft in order to provide maximum readiness in Atlantic and Pacific Fleet Anti-Submarine Warfare helicopter forces.							
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) STUDENT PRI: H-60F/H Fleet Replacement Aircrewman (FRAC) Category 1 Student and Rescue Swimmer-8. WATCH: Quarterdeck Watch-8.							

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) SANCHEZ, ERIC T

2. Rate AW2 3. Desig

NAC

(b)(6)

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

Awarded: National Defense Service Medal. Completed: Anti-Terrorism Level I training, Operational Risk Management.

Please read the Instructions before completing this form

Servicemember Use this form to: (check all that a	s' Group Life	e insurance	Election.	
Reduce the amount of your in Decline insurance coverage	Nary Insurance coverage	important: This form members. This form d other Government Life	is for use by Active Du	
SANCULA PRIC	Middle name	Rank, title or grade	•	(0)
Branch of Service (Do not abbrevi United States Navy	ate) Current Duty I	ocation	(b)((6)
By law, you are automatically instructions. If you want less than and your initials. Coverage is available and write (in your own hand) I want coverage	1250,000 of insurance, p	0,000. If you do not wa surance at this time."	surance, skip to Benediate block below and want any insurance, che Your initials	liciary(lee) and Payiners wite the amount desired ck the appropriate block
Note: Reduced or refused insurance can I designate the following beneficientlise		want insurance at this time	6.7	
I designate the following beneficiary(less payment upon my death. If all Complete Name (first, middle, test)	Beneficiary(le) to receive payment of my principal beneficiates	e) and Payment Option insurance proceeds. I unde	s S Holand that the retorical o	nce with other regularments.
payment upon my death. If all Complete Name (first, middle, last) of each beneficiary	and Address Social S Numl (# Inco	Scurity Relationship	Shere to each beneficiery	t beneficiary peel. Payment Option
Principal 4			Alan K. Lamina	
(b)(6)	(b)(6	(b)(6)	100%	3. 1/2
2.				
Contingent				
(b)(6)		(b)(6)	100%	36 M/p.
				36 14/0-
	•			
HAVE READ AND UNDERSTAN This form cancels any prior benefit	ID the instructions on	2000 2000 1000		
This form cancels any prior benefit The proceeds will be paid to beneficit If I have legal questions about this for I cannot have combine IGN HERE IN INK	clary or payment instruct wies as stated in #6 on pag (b)(6)	ens. 3 of this form, unless other it no expense hen \$250,000	rvice stated above,	
(b)(6)	ANK, THILE OR GRAD	E ORGANIZATIONS	DATE RE	S/P2
	SUPERIÉDES AND REPLA WHICH WILL	CES FORM SQLV 6265, March 2000 NOT BE USED.	Organi Copy - Mandar's Office Photocopy 1 - To Mandar	Produced Pile 1, 1, 2

1500 X

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

MEMBER INFORMATION

SSN:	(b)(6)	NAME: SANCHEZ EDIC TROV	
		(b)(6)	

SSN: (b)(6) NAME: SANCHEZ, ERIC TROY (b)(6)(b)(6)(b)(6)

SSN:

(b)(6)

SIGNATURE OF DESIGNATO

NAME: SANCHET RIC TROY

(b)(6)

WITNESSE

(b)(6)

DATE: 10/28/03

TITLE: ADMIN LCPO

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

MEMBER INFORMATION

SSN: (b)(6) NAME: SANCHEZ,ERIC TROY

(b)(6)

SSN: (b)(6)

NAME: SANCHEZ, ERIC TROY

(b)(6)

DATE: (5 (400)

TITLE: CODE 31 LPO

NAVPERS 1070/602

Page: 2 of 2

EVALUATION REPORT & COUNSELING RECORD (E1-E6) RCS BUPERS 161								
1. Name (Last, First MI Suffix) SANCHEZ, ERIC T		,	2. Rate AW2	3. Desig NAC		4 SSN	(b)(6)	
5. ACT TAR INACT AT/ADSW/	6. UIC 44392	7. Ship/Station SPECBO	OAT TEAM 2	20	8. Promotion REGUL		9. Date Reported 01SEP15	
Occasion for Report 10. Periodic Detachment 11. of Individual X	Pror 12. Frod	omotion/ peking 13. Special Period of Report 14. From: 02MAF		t MAR16	15. To:	03JAN06		
16. Not Observed Type of Report 17. Regular X	1	Concurrent		20. Physical Pandiness (b)(6)		21. Billet Subcategory (if any) BASIC		
22. Reporting Senior (Last FLMI) (b)(6)	23. Grade CDR	24. Desig 25. 1130	Title CO	1	. UIC 42223	2	(b)(6)	
28. Command employment and command achievements. Operate, train, equip and deploy Combatant Craft Detachments to conduct Naval Special Warfare operations in CONUS, USSOUTHCOM, and USEUCOM for contingency, OPLAN execution and exercises under COMSECONDFLT, COMSIXTHFLT, COMSOCSOUTH, COMSOCEUR, and COMSOCJFCOM								
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) ASSISTANT MAA PRI: Assist Chief Master-At-Arms in his duties, enforcing and upholding command policy and Navy regulations.								